Arkansas

Arkansas Department of Environmental Quality (ADEQ)

Re: 7520 Reports for the Fourth Quarter of FY2013

4th Quarter Period: (October 1, 2012 --- September 30, 2013)

Date: (Thursday) November 21, 2013

Time: 4:20pm

Reference File Code: WA-UI-PP

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20450

UIC Federal Reporting System
Part I: Permit Review and Issuance/

Arkansas Department of Environmental Quality
5301 Northshore Drive

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

			(This information is solicited und authority of the Safe Drinking Wate	er the r Act)		Little Ro	, on, 7 HC 7	2110-33	1 /		
II. Date Pre	pared (month,	day,	year) III. State Contact (name, t) IV. Rer	orting Pe	rind (man	48-			
11/19/201	3		Linda Hanson, (501) 68		From	ober 1	·	(II, year)	To 09/30	0/2013	****
						1001 1	- Commence of the Commence of	nd Tune			Na manager
						T		nu Type o	of Injection	Wells	_
			Item			SWD	ER	но			
. Permit	Number of Pe	ermi	t Applications Received		'	2D	2R	2H	111	IV)
		T	Number of Individual	New	0						
			A Permits Issued	Wells	110						
	Permit	-	(One Well)	Existing Wells	0						F
VI. Permit		1	Number of area Permits* Issued (Multiple Wells)	New Well Field	0						
etermin- ation	Issued	-	(*See instructions on back)	Existing Well Field	0						
		0	Number of Wells in Area Permits	New Wells	0						
		1	(See B above)	Existing Wells	0						
	Permit Not Issued	1	(arter complete technical review)	rawn	N/A			Total			
	Modification Issued	E	Number of Major Permit Modifications Approved		N/A	7		1			
VII. Permit File	Number of R			Wells Reviewed	0						**********
Review	Class II Wells	Rev	viewed	Wells Deficient	0		7				******
	Wells Reviewed A		Number of Wells	Abandoned Wells	0						
	Reviewed	L	in Area of Review	Other Wells	0						**********
vm.	Wells Identified	В	Number of Wells Identified	Abandoned Wells	0						***************************************
Area of	for C/A			Other Wells	2	****					*******
eview AOR)			Number of Wells in AOR with Casing Repaired/Recemented C			***************************************					
	Wells with	С	Number of Active Wells in AOR Plugged/Abandoned								*************
	CIA		3. Number of Abandoned Wells in AOR Replugged								**********
			4. Number of Wells in AOR with "Other" Corrective Action		- American	***************************************					***********
emarks/Ad	Hoc Report (Attac	ch additional sheets if necessary)								
											-
I certify t knowing	hat the stateme ly false or misi	ents eadi	I have made on this form and all attac ng statement may be punishable by t	Certification chments there line or impris	eto are true, onment or l	, accurate, both unde	and com	olete. I a	icknowledg	je that any	
ture and T	yped or Printed	d Na	me and Title of Person Completing F	orm			T	Date		Tolomban	
YIX	XXII MIM	1)	Linda Hanso	n 1	1	10		11/19/20	10	(501) 682-0	

		Un	ited State	s Envir	d instructions on reverse.		I. Na		OMB N	1	Marian .		Appro	oval E	xpires	11/30	/2014	
		·	ince of G	round Washin	Water and Drinking Water		1				ss of R							
SE		J Par	JIC Fed	eral	Reporting System			Un	ited S	tates	Envir	onmo	ental	Prote	ction A	Agen	cy	
~	4 4	aı			liance Evaluation		530	kan 01 1	Sas D Vorth	epar	tment Drive	of Er	viror	ımen	tal Qua	ality		
			antiiotifa	ormati of the	on is solicited under the Safe Drinking Water Act)		No	rth	Little	Roc	k, AR	7211	8-53	17				
	pared (month,	day, j	rear)	II. Stat	e Contact (name, telephone no	0.)	IV. R	enc	rting	Donie	d (moi			*******	P-1/2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	************	threath the party of the	- Anna Anna Anna Anna Anna Anna Anna Ann
11/19/20	13			Linda	Hanson (501) 682-0646		From	1	- tang	CIIC	u (moi	itn, y	ear)	То				
				***********			Oct	to	ber	1, 2	20 12			-	30/201	3	******************	tal designation of the
											Class a	and T	ype o	f Inje	ction W	ells		***********
									_		11					T		T
		_	Item				1		SW		ER		НС		111		IV	
	Total Wells	A	Numbe	er of W	ells with Violations		3		20		2R		2H					-
v.			1. Nui	mber o	f Unauthorized /iolations		0				<u></u>		***********		***************************************			L
Summary					Mechanical Integrity Violation	s	3				<u> </u>		*********		************	-		
of	Total		3 Nun	nber of	Operation and	- 1							~~~~~					
	Violations	В			ce Violations Plugging	- In	0	_				****						
iolations			and	Aband	onment Violations)				***************************************		*********					
			5. Num	ber of orting	Monitoring and Violations)	- Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************	1		1		F		I
			6. Num	ber of	Other Violations	7 6		7		The same of the sa	************	7	***************************************					[
	Total Wells	A	Number Enforce	of Wel	Is with	10				! L			***************************************					
					Notices of Violation	0	***************************************	genna de			***************************************		***************************************			-		
VI.			2. Numl	ber of C	Consent Agreements	0	***********	anne Same	***************************************		***************************************		*********					ning anni anni
ummary					Administrative Orders	0	***********											***********
of	Total Enforcement				Civil Referrals	0	***************************************		************		***************************************							*********
rcement	Actions	В	5. Numb	er of C	riminal Referrals	0	**********	L						L				***********
					/ell Shut-ins	g		L	***********									
		1				4		L	***************************************			-		-		*******		
		T			peline Severances	0									- Inches			***************************************
VII.			Speci	fy)	ther Enforcement Actions	0			~~~			-						
nmary of	Number of Wel Returned to Co				A. This Quarter	0					***************************************	-	***************************************	Pompone		*********		******
pliance					B. This Year	2										***********	<u> </u>	*************
illi. mination	Number of Case	es of	Alleged C	ontam	ination of a USDW	0	- Total									***************************************	 	-
	Percent of MIT					2				-		L						********
narks/Ad I	Hoc Report (At	tach .	additional	sheets	y .	********		harran.		1				<u></u>		******		
					Certification s form and all attachments ther be punishable by fine or impris	eto a	re true	e, a	ccurat	e, an	d comp	olete. le lav	l ac	knov	/ledge t	hat a	ny	W-19/4-100-100-100-100-100-100-100-100-100-10
ure and T	Ped or Printed	Nam	and Title	of Per	rson Completing Form nda Hanson, C			-				Date		-	Те	leph	one No	
10	-XITUNUIII	()		1 11	ada Hancon (-	,	1	10	1) /	7		0/201	-	1 1	*********	682-06	money

\$EPA

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part II: Compliance Evaluation Significant Noncompliance

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

II. Date Prep	ared (month, da	av. ve	parl III Co	the Committee Acty	L	********	-	***************************************		***********				
	***************************************	-y, y		ite Contact (name, telephone no		100	ting Peri	od (mo	nth, ye	ar)				
11/19/201	3	**********	Line	la Hanson	Octo	ok	er 1,	20 12			o 09/30/201	3		
								Class	and Ty	pe of I	njection W	/ells	***************************************	
													T	
		_	Item		1		SWD 2D	EF 2F	-	HC	. 111	IV		v
	Total Wells	A		Wells with SNC Violations	0			21		2H				
V.			Injection	of Unauthorized SNC Violations	3			7******		***************************************				-
Summary			2. Number SNC Vio	of Mechanical Integrity lations	0			***************************************						
Significant	Total		SNC Viol	of injection Pressure lations	0	1		***************************************						
Non-	Violations	В	and Abai	of Plugging adonment SNC Violations	0	7		-			P*************************************			************
Compliance			5. Number of Forma	of SNC Violations I Orders	0			STATE AND ADDRESS OF THE PARTY			NAME OF THE PARTY	COMMUNICATION OF SECURE	T I	- delication of the section of the s
(SNC)			SNC Viol	of Falsification ations	0					***************************************		Processing		
			7. Number of (Specify)	of Other SNC Violations	0	5						200000000000000000000000000000000000000		**********
	Total Wells	A	Number of W Enforcement	ells with Actions Against SNC	0	-					***************************************			
VI.				f Notices of Violation	0	F	***************************************							
Summary			2. Number o	f Consent Agreements/Orders	0	6							The state of the s	
of			3. Number o	f Administrative Orders	0									
Enforcement	Total Enforcement	В	4. Number o	f Civil Referrals	0	1	***************************************	***************************************	mail become			Property and a service and a s		-
Against	Actions		5. Number o	f Criminal Referrals	0	T		The second second		***************************************		Parameter and a second		*************
				f Well Shut-ins	0	1							I Tomas	
SNC				Pipeline Severances	0					***************************************			Promote	
			8. Number of Against SI	Other Enforcement Actions	0	1000	7			1000000				
VII. Summary	Number of Wel		SNC	A. This Quarter	0			***************************************	7		***************************************			
of Compliance	Returned to Co	mpli	ance	B. This Year	2	- Annual of the last of the la		***************************************			***************************************			
VIII. ontamination	Number of Case	es of	Alleged Conta	amination of a USDW	0	-								
IX. Well Closure	Class IV/Endan Well Closures	gerii	ng Class V		Involuntar	ry \	Well Clos	ure	J Ironnom				0	

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

signature and Typed or Printed Name and Title of Person Completin	g Fo	orr
---	------	-----

lanson, Geologist P.G.

Voluntary Well Closure

11/20/2013

Telephone No. (501) 682-0646

EPA Form 7520-2B (12-11)

Replaces EPA Form 7520-2 which is obsolete.

Reference File Code: WA-UI-PP **\$EPA**

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System Part III: Inspections **Mechanical Integrity Testing**

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

11/19/2013	III. State Contact (name, telephone no.)	iV. Reporting Period (month, year)	
11/12/013	Linda Hanson (501) 682-0646	From	То
		October 1, 20 12	09/30/2013

							(d Type of I	njection Wel	ls	
			item			S	wp	II ER	нс			
	Total	T			1		D	2R	2H	Ш	IV	v
	Wells	+	Transcr of Wells Inspected		55						***************************************	
V.			Number of Mechanical Integri (MIT) Witnessed		24	1		********************************	700			
Summary	Total		2. Number of Emergency Respo Complaint Response Inspect	nse or ions	0			***************************************				
of	Inspections	E	3. Number of Well Constructions Witnessed		0					I	<u></u>	
Inspections			4. Number of Well Pluggings Witnessed		0							
			5. Number of Routine/Periodic Inspections		55	L						
		A	Number of Wells Tested or Evalua	ted								
	Total Wells	-	for Mechanical Integrity (MI)		0							
		В	Tested/Evaluated for MI	sed 2-part test led 2-part test	10			-			*****	
VI.			1 Number of Annulus Pressure	Well Passed	10							
Summary			Monitoring Record Evaluation 2. No. of Casing/	Vien railed	3							
Cummary	For Significant	c	Tubing Proceure Toots	Well Passed Well Falled	0			***************************************				
of	Leak		3. Number of Monitoring Record Evaluations	Well Passed	9							
Mechanical				Well Failed	I			A De l'estre l'acceptant				
mechanical		L	4. No. of Other Significant Leak Tests/Evaluations (Specify)	Well Passed Well Falled	0			***************************************				
Integrity			1. Number of Cement	Well Passed	1							
(MI)	_		Record Evaluations	Well Failed	0							***************************************
(WII)	For Fluid	D	2. Number of Temperature/ Noise Log Tests	Well Passed Well Failed	0							
	Migration		3. No. of Radioactive Tracer/		11							
			Cement Bond Tests	Well Failed	4							
			4. No. of Other Fluid Migration Tests/Evaluations (Specify)		0							
	Total Wells	A	Number of Wells with Remedial Action	Tront Bijed	2							***************************************
VII. Summary			1 Number of Casing Renaired/			***********						
of	Total		Squeeze Cement Remedial Action 2. Number of Tubing/Packer	ns		********						
Remedial	Remedial Actions	В	Remedial Actions 3. Number of Plugging/Abandonm	ent	1							
Action	Actions		Remedial Actions 4. Number of Other Remedial Action		0							
III. Bomorke (A.			(Specify)	110	0	***********						

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title	of Parcon Commission B			
Signature and Typed or Printed Name and Title of	Linda Hanso	n Geologist P.C	Date 11/20/2013	Telephone No. (501) 682-0646

0 ===	Office o	tes Environmental Protection Agency f Ground Water and Drinking Water	OMB No. 2040-0042 App	proval Expires 11/30/2014
		Washington DC 20460		
	Summary (This i	ederal Reporting System Part V Of UIC Grant Utilization Information is solicited under the ty of the Safe Drinking Water Act)	United States Environmental Arkansas Department of Environ 5301 Northshore Drive North Little Rock, AR 72118	Protection Agency nmental Quality
Date Prepared (mont	h, day, year)	III. State Contact (name, telephone no.	IV. Reporting Period (month, year)	
11/19/2013	***************************************	Linda Hanson, 501-682-0646	From	То
	Ite		October 1, 20 12	9/30/2013
	A Pers	onnel	Federal Funds (\$)	State Funds (\$)
			41,646.46	13,882
V. Expenditure by Object Class		ge Benefits	13,448.35	4,482.
	C. Trave	ı	1,502.99	
	D. Equip	pment		501.
	E. Supp	lies		
	F. Contra	actual	3.27	1.
	G. Other	Direct Charges		
	H. Indired	ct Charges	18,715.28	6,238.4
	I. Total		75,316.35	
	A Admini	stration		25,105.4
	B. Permitt	ing	6,196.44	2,065.4
	C. Surveil	ance, Inspection,	20,244.39	6,748.13
	D. Enforce	ality Assurance	4,805.12	1,601.7
VI.			7,098.44	2,366.15
Expenditure by Program		Identification and Exemption		
Element	F. Class V	Assessment		
	G. Data Mai	nagement	1,402,62	
	H. Public In	formation, Training, mical Assistance	1,403.65	467.88
	I. Other	modi Assistance	1,898.44	632.81
	J. Total			
			41,646.48	